PATENT APPLICATION FEE DETERMINATION RECOKE

Effective December 8, 2004

Application or Docket Number 0 / 52 3 5 9 8

U.S. NATIONAL STAGE FEES RATE FEE	CLAIMS AS FILED - PART I							SMALL ENTITY		OTHER THAN OR SMALL ENTITY		
U.S. NATIONAL STAGE FEES SMALL ENT: = 1 100 LARGE ENT: = 3 300 SAIL ENT: = 1 100 LARGE ENT: = 3 300 SAIL ENT: = 1 100 SAIL ENT: = 1				(Colum	ก 1)		Column 2)	TYPE		יוט ד	SIMALE (
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SEARCH FEE	BAS	SIC FEE		SMALL ENT	. = \$ 150	LAR	GE ENT. = \$ 300	BASIC FEE	: <	OR	BASIC FEE	300
SEARCH FEE	EXAMINATION FEE			1				EXAM FEE			EXAM. FEE	200
Total Minus Minu	SEARCH FEE			ALL other con	untries =			SEARCH FEE				400
TOTAL CHARGEABLE CLAIMS	FEE	FOR EXTRA	SPEC. PGS.	min	us 100 =		/ 50 =	X \$ 125 =]	X \$ 250 =	
MULTIPLE DEPENDENT CLAIM PRESENT		AL CHARGEA	BLE CLAIMS	12 minus 20 = .				X \$ 25 =		OR	X \$ 50 =	
### STANDING SMALL ENTITY SMALL ENTITY OR SMALL ENTITY O	IND	EPENDENT CL	AIMS	1				X \$ 100 =		OR	X \$ 200 =	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDENT PREVIOUSLY PAID FOR TOTAL ADDITIONAL FEE Total				 ESENT				+ \$ 180 =		OR	+ \$ 360 =	360
CLAIMS AS AMENDED - PART								TOTAL		OR	TOTAL	1260
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			(Column 1) CLAIMS REMAINING AFTER	AMENDED	(Columnia) HIGH NUM PREVK	nn 2) EST BER OUSLY	PRESENT		ADDI- TIONAL	OR	SMALL E	ADDI- TIONAL
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	AMENDMENT	Total	*	Minus	••		=	X \$ 25 =		OR	X \$ 50 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				Minus	***		=	X \$ 100 =		OR	X \$ 200 =	
Column 1)								+ \$ 180 =		OR	+ \$ 360 =	
Total * Minus ** = X\$ 100 = OR X\$ 200 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM TOTAL ADDIT.										ÓR		
Total * Minus ** = X\$ 100 = OR X\$ 200 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM TOTAL ADDIT.											•	
REMAINING AFTER AMENDMENT Total * Minus ** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM * CLAIMS REMAINING NUMBER PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR PRESENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM ** Minus *** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ** TOTAL ADDIT. ** TOTAL ADDIT. ** OR *** OR *** TOTAL ADDIT. ** OR *** OR			(Column 1)				(Column 3)		4004	i 1		ADDI-
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM TOTAL ADDIT. OR TOTAL ADDIT. OR TOTAL ADDIT.			•	Minus	***		=	X \$ 100 =		OR	X \$ 200 =	
TOTAL ADDIT. OR TOTAL ADDIT.		·	ENTATION OF M	ULTIPLE DEP	ENDENT (CLAIM				OR	•	
										OR		

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{##} If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.